

Authorization Change Request Overview & Process for IDHW (non-ATR 4) & IDOC Clients Transferring to Another Agency

The Client is leaving my agency and going to another agency and I want to....	Authorization Change Request Type Required?	ASAM Concurrent Review Required?	Consent Required? If yes, to whom?	Close the Program Enrollment?	Complete a Discharge?	Close the Intake (case)?
Transfer an IDHW client from Assessment to a treatment Level of Care (LOC) at a different treatment provider. <i>NOTE: Specify the new agency in the GRRS or in the Comment section of the Authorization Change Request.</i>	Note to Authorizer	No	Yes, consent the GRRS to DHW Contactor. Use clinical judgment to determine if the GRRS should be consented to the other agency.	Yes, select the termination reason of Transferred.	No	Yes
Transfer a client at the same LOC or Stage to a different treatment provider (there are two weeks (14 days) <u>or less</u> before the current treatment authorization expires). <i>NOTE: Specify the new agency in the Comment section of the Authorization Change Request.</i>	Change to Service	Yes	Use clinical judgment to determine if the GRRS or any client activities should be consented to the other agency.	Yes, select the termination reason of Transferred.	Yes, select the discharge reason of Transferred.	Yes
Transfer a client at the same LOC or Stage to a different treatment provider (there are <u>more than</u> two weeks (15+ days) before the current treatment authorization expires). <i>NOTE: Specify the new agency in the Comment section of the Authorization Change Request.</i>	Note to Authorizer	No	Use clinical judgment to determine if the GRRS or any client activities should be consented to the other agency.	Yes, select the termination reason of Transferred.	Yes, select the discharge reason of Transferred.	Yes
Transfer a client to a different LOC or Stage and to a different treatment provider. <i>NOTE: Specify the new agency in the Comment section of the Authorization Change Request.</i>	Change to Service	Yes	Use clinical judgment to determine if the GRRS or any client activities should be consented to the other agency.	Yes, select the termination reason of Transferred.	Yes, select the discharge reason of Transferred.	Yes
I am a Stand Alone RSS provider and I want to transfer a client to a different RSS agency. <i>NOTE: Specify the new agency in the Comment section of the Authorization Change Request.</i>	Note to Authorizer	No	No	Yes, select the termination reason of Transferred.	No	Yes